| DMV Technician: //ANK //ILKENS / F | osition | n:Oor | 2 | |
|---|------------|--------|----|--------|
| | Time: 3:46 | | | |
| Vehicle Make: Sarvan Model | | Year 4 | | · 8 20 |
| GVWR: Fuel Type: G Registrat | | | | |
| Auditor: Dosser Covert | | | | |
| | | | | |
| | | YES | NO | N/A |
| 1. Did technician check vehicle paper work and verify VIN num | ber? | | | |
| 2. Was Emissions testing required? | | | | |
| a) Was Emissions testing performed using OBD? | | _ | | |
| b) Was Emissions testing performed using Analyzer Probe? | | | | |
| c) Was Emissions testing performed using Paddle(s)? | | | | |
| d) Was Emissions testing performed using Clip? | | | _ | |
| 3. Was Catalytic Converter inspection required? | | | | |
| a) Was Catalytic Converter inspection performed? | | | | |
| 4. Was Fuel Tank pressure testing required? | | | _ | |
| a) Was Fuel Tank pressure testing performed? | | | | |
| 5. Was Fuel Cap pressure testing required? | | | ~ | |
| a) Was Fuel Cap pressure testing performed? | | | | |
| 6. Is this test a Re-check from a prior failure? | | | | |
| a) Which re-check test is being performed? 1 2 3 (circle one |) | | | - |
| b) If this is re-check #3, was repair paperwork verified for waiv | ver? | | | - |
| | | | | |
| New Castle and Kent Counties Only | | | | |
| 7. Was Two-Speed Idle testing required? | | | | |
| a) Was Two-Speed Idle testing performed? | | | | - |
| | | | | |
| Sussex County Only | | | | |
| 8. Was Curb Idle testing required? | | | | |
| a) Was Curb Idle testing performed? | | | | |
| | | | • | |
| Comment: | | | | |
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| Lane Supervisor Signature: | | | | _ |

| DMV Technician: Ton Ours / Position For 2 | | | |
|--|--|--------|----------------|
| Station: Doya Date: 2/24/14 Time: 3:30 | | | |
| Vehicle Make: N, ssaw Model Veasa | Vehicle Make: Nissan Model Veasa Year 2008 | | |
| GVWR: Fuel Type: G Registration | Number | : 4/2 | 725 |
| Auditor: Dosserr Covert & Overt | ert circle | e one) | |
| | | | |
| | YES | NO | N/A |
| 1. Did technician check vehicle paper work and verify VIN number? | | | |
| 2. Was Emissions testing required? | ~ | | |
| a) Was Emissions testing performed using OBD? | | | |
| b) Was Emissions testing performed using Analyzer Probe? | | - | |
| c) Was Emissions testing performed using Paddle(s)? | | | |
| d) Was Emissions testing performed using Clip? | | • | |
| 3. Was Catalytic Converter inspection required? | | - | - |
| a) Was Catalytic Converter inspection performed? | | | <u> </u> |
| 4. Was Fuel Tank pressure testing required? | | سا | |
| a) Was Fuel Tank pressure testing performed? | | | <u></u> |
| 5. Was Fuel Cap pressure testing required? | | - | |
| a) Was Fuel Cap pressure testing performed? | | | |
| 6. Is this test a Re-check from a prior failure? | | ~ | |
| a) Which re-check test is being performed? 1 2 3 (circle one) | | | |
| b) If this is re-check #3, was repair paperwork verified for waiver? | | | |
| | | | |
| New Castle and Kent Counties Only | | | |
| 7. Was Two-Speed Idle testing required? | : | | |
| a) Was Two-Speed Idle testing performed? | | | |
| | | | |
| Sussex County Only | | | |
| 8. Was Curb Idle testing required? | | | |
| a) Was Curb Idle testing performed? | | | |
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| Comment: | | | |
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| Lane Supervisor Signature: | | | |

| DMV Technician: Donaco Himmien , Position: Or 2 | | | |
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| | | | |
| Vehicle Make: CHEVY Model SUS | Station: Dover Date: 2/24/14 Time: 11:15 Vehicle Make: CNevy Model Sub Year 1999 | | |
| GVWR: 4806 Fuel Type: 6 Registration N | | | 915 |
| Auditor: Dossert Covert Overt | (circle | one) | |
| | | | |
| | YES | NO | N/A |
| 1. Did technician check vehicle paper work and verify VIN number? | | | |
| 2. Was Emissions testing required? | | | |
| a) Was Emissions testing performed using OBD? | - | | |
| b) Was Emissions testing performed using Analyzer Probe? | | | |
| c) Was Emissions testing performed using Paddle(s)? | | - | |
| d) Was Emissions testing performed using Clip? | | | ··· |
| 3. Was Catalytic Converter inspection required? | | | |
| a) Was Catalytic Converter inspection performed? | | | - |
| 4. Was Fuel Tank pressure testing required? | | | · |
| a) Was Fuel Tank pressure testing performed? | | | _ |
| 5. Was Fuel Cap pressure testing required? | , | ー | |
| a) Was Fuel Cap pressure testing performed? | | , | |
| 6. Is this test a Re-check from a prior failure? | | | |
| a) Which re-check test is being performed? 1 2 3 (circle one) | | | ~ |
| b) If this is re-check #3, was repair paperwork verified for waiver? | | | _ |
| | | | |
| New Castle and Kent Counties Only | | | |
| 7. Was Two-Speed Idle testing required? | | - | |
| a) Was Two-Speed Idle testing performed? | | | |
| \ | | | |
| Sussex County Only | | | |
| 8. Was Curb Idle testing required? | | - | |
| a) Was Curb Idle testing performed? | | | |
| | | | |
| Comment: | | | |
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| Lane Supervisor Signature: | | | _ |

| OMV Technician: MIKE PULCUSKI / Position: Lor 2 | | | | | |
|---|----------------------|--------------|----------|---------|------|
| Station: Doll Date: $2/24/14$ Time: $1/2/29$ | | | | | |
| Vehicle Make: Fond | Model CKN V | IC | Year | 200 | 3 |
| GVWR: Fuel Type: | G Re | gistration N | umber: | 53 | 5440 |
| Auditor: Dossett | Co | vert / Overt | (circle | one) | |
| · | | | | | |
| | | | YES | NO | N/A |
| 1. Did technician check vehicle paper | work and verify VIN | I number? | - | | |
| 2. Was Emissions testing required? | | | | | |
| a) Was Emissions testing performed | l using OBD? | | 1 | | |
| b) Was Emissions testing performed | l using Analyzer Pro | be? | | - | |
| c) Was Emissions testing performed | l using Paddle(s)? | | | ~ | |
| d) Was Emissions testing performed | l using Clip? | | | <u></u> | |
| 3. Was Catalytic Converter inspection | on required? | | | سا | |
| a) Was Catalytic Converter inspecti | on performed? | | | | سسا |
| 4. Was Fuel Tank pressure testing red | quired? | | | 1 | |
| a) Was Fuel Tank pressure testing p | | | | | - |
| 5. Was Fuel Cap pressure testing requ | iired? | | | ~ | |
| a) Was Fuel Cap pressure testing pe | | | | | |
| 6. Is this test a Re-check from a prior | | | | | |
| a) Which re-check test is being perf | | le one) | | | |
| b) If this is re-check #3, was repair | | | | | |
| | • | | | | |
| New Castle and Kent Counties Only | 7 | * | | | |
| 7. Was Two-Speed Idle testing require | ed? | | | | |
| a) Was Two-Speed Idle testing perfo | | | | | |
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| Sussex County Only | | | | | |
| 8. Was Curb Idle testing required? | | | | - | |
| a) Was Curb Idle testing performed | ? | | | | |
| | • | | | | |
| Comment: | | = | | | |
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| Lane Supervisor Signature: | | | | | |

| DMV Technician: DAVE (AULBEE) Position: 1 of 2 | | | | |
|---|---------|------|---------|--|
| Station: \(\sum_{\cup \subset \text{L}} \) Date: \(\sum_{\cup \subset \sup \sup \sup \sup \sup \sup \sup \sup | | | | |
| Vehicle Make: SUZUKI Model SAMURI | Year | | | |
| GVWR: 2935 Fuel Type: G Registration N | | | 2839 | |
| Auditor: Dossert Covert/Overt | (circle | one) | | |
| | | 1 | | |
| | YES | NO | N/A | |
| 1. Did technician check vehicle paper work and verify VIN number? | | | | |
| 2. Was Emissions testing required? | | | | |
| a) Was Emissions testing performed using OBD? | | | - | |
| b) Was Emissions testing performed using Analyzer Probe? | | | <u></u> | |
| c) Was Emissions testing performed using Paddle(s)? | | | ~ | |
| d) Was Emissions testing performed using Clip? | | | | |
| 3. Was Catalytic Converter inspection required? | | | | |
| a) Was Catalytic Converter inspection performed? | | | •— | |
| 4. Was Fuel Tank pressure testing required? | | | | |
| a) Was Fuel Tank pressure testing performed? | | | | |
| 5. Was Fuel Cap pressure testing required? | . – | | | |
| a) Was Fuel Cap pressure testing performed? | | | | |
| 6. Is this test a Re-check from a prior failure? | | ~ | | |
| a) Which re-check test is being performed? 1 2 3 (circle one) | | | _ | |
| b) If this is re-check #3, was repair paperwork verified for waiver? | | | - | |
| | | | | |
| New Castle and Kent Counties Only | | | | |
| 7. Was Two-Speed Idle testing required? | | 1 | | |
| a) Was Two-Speed Idle testing performed? | | | - | |
| | | | | |
| Sussex County Only | | | | |
| 8. Was Curb Idle testing required? | | •— | | |
| a) Was Curb Idle testing performed? | | | | |
| | | | | |
| Comment: GAS CAP FAILURE | | | | |
| CANISTER HOSES BROKEN - WAS NOT FAILED (NOTICES) | | | | |
| | | - | | |
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| \cap | | | | |
| Lane Supervisor Signature 2 2414 | | | | |